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STATE PLAN UNDER	TITLE XIX	OF THE SOCIAL	SECURITY	ACT
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		State:	MINNESOTA				
	RESOURCE LEVELS						
A .	CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL						
	1.	Pregnant Wor	men				
		a. Mandatory	Groups				
		Ū	Same as SSI resources leve	ds.			
		<u>/X</u> ./	Less restrictive than SSI res	source levels and is as follows:			
			Family Size	Resource Level			
			1	No resource test applied.			
			2				
,		b. Optional C	Groups [Not covered]				
		$ar{\it U}$	Same as SSI resources leve	ls.			
		Ū	Less restrictive than SSI re-	source levels and is as follows:			
			Family Size	Resource Level			
			2				

TN No. 98-25 Supersedes TN No. 97-33

Approval Date OCT 2 1 (398

Effective Date <u>9/1/98</u> HCFA ID:7985EII

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		State:	MINNESOTA	
2.	<u>Infan</u>	<u>ts</u>		
	a.	Mano	latory Group of Infants	
			Same as resource levels in t	the State's approved AFDC plan.
		<u>/x</u> /	Less restrictive than the AF	DC levels and are as follows:
			Family Size	Resource Level
			1	
			2	No asset test is applied.
			3	
			4	
			5	
			6	
			7	
			8	
			9_	
			10_	

TN No. <u>98-16</u> Supersedes TN No. <u>97-33</u>

Approval Date JUL 29 1998

Effective Date <u>9/30/98</u> HCFA ID:7985EII

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

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	State:	. <u>Mi</u>	NNESOTA
b.	Option	nal Group of Infa	<u>nts</u>
	/	Same as resource	levels in the State's approved AFDC plan
		Less restrictive	than the AFDC levels and are as follows:
	Far	mily Size	Resource Level
		1	NOT COVERED.
		2	
		3	
		4	
		5	
		6	
		8	· · · · · · · · · · · · · · · · · · ·
		9	
		10	

TN No. 46.76			MAR	1 5 1996			4 1 62
Supersedes 70.21)	Approval	Date	MAIL	1 3 1990	Effective	Date	1.1.93
TN No. 40.20							
					HCEN ID.	70055	

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l No. <u>98-1</u> 0	6		JUL 29 ma	
			10	
			9_	
			8	
			7	
			6	
			5	
			4	
			<u>3·</u>	
			2	No asset test is applied.
			1	
			Family Size	Resource Level
		<u>/X</u> /	Less restrictive than the AFD	C levels and are as follows:
			Same as resource levels in the	e State's approved AFDC plan.
	a.	Manda	atory Group of Children	
3.	Childr	<u>en</u>		
		State:	MINNESOTA	

TN Supersedes TN No. <u>97-33</u>

Approval Date _____

Effective Date 9/30/98 HCFA ID:7985EII

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	State:	MINNESOTA	
b.	<u>Option</u>	nal Group of Children	
		Same as resource levels in the	e State's approved AFDC plan.
	<u>/X</u> /	Less restrictive than the AFI	OC levels and are as follows:
		Family Size	Resource Level
		2	No asset test is applied.
		3	
		4_	
		5_	
		<u>6</u>	
		7	
		8	
		9_	
		10	

TN No. 98-16 Supersedes TN No. 97-33

Approval Date JUL 29 1998

Effective Date: 9/30/98 HCFA ID:7985EII

evision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMI Page 6 OMB No.: 0938-	ENT 2.6-A
	STATE PLAN UN	DER TITLE XIX	OF THE SOCIAL SECURITY ACT	
	State:	MINNESOTA	•	
4. <u>Aq</u> e	ed and Disabled	Individuals		
4		resource level	s.	
	More restric	tive than SSI	levels and are as follows:	
	Family Size	Resour	ce Level	
	1			
	2			
	3			
	4			
	5	-		
				
_		cally needy re lly needy prog	esource levels (applicable o gram)	nly if State
TN NoG	3.32	al Date MAR 15	1996 Effective Date	1 1 /12

HCFA ID: 7985E

evision: HCFA-PM-91-4 (BPD) AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MINNESOTA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	\$ 3150
	6450
3	6650
4	6850
5	7100
6	1300
_ 7	1500
8	7700
9	7950
	8150
For each additional person	200

TN No. Approval Date MAR 1 5 1996 Effective Date 7.1.93 Supersede TN No. HCFA ID: 7985E